

<b>Case Number:</b>	CM15-0031868		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	01/09/2012
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56-year-old female who reported an injury on 01/09/2012. The mechanism of injury involved a slip and fall. The injured worker is currently diagnosed with right knee arthritis and right knee chondromalacia patella. It was noted that the injured worker was status post right knee arthroscopy in 04/2013. On 01/22/2015, the injured worker presented for a followup evaluation. Upon examination of the right knee, there was 3+ tenderness to palpation, 2+ effusion, coarse crepitus, muscle atrophy and intact sensation. There was 4-/5 motor weakness. Range of motion was documented at 0 to 125 degrees on the right and 0 to 135 degrees on the left. Recommendations included continuation of the current medication regimen. There was no Request for Authorization form submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Duexis 800/26.8mg #90 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

**Decision rationale:** California MTUS Guidelines recommend NSAIDs for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. While it is noted that the injured worker maintains a diagnosis of osteoarthritis, the medical necessity for the ongoing use of an NSAID has not been established in this case. Guidelines do not support long term use of NSAIDs. The request as submitted for Duexis 800/26.8mg #90 with 2 refills would not be supported. The medical necessity for a combination medication as opposed to a traditional NSAID has not been established. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate.